

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	POLYMERS WITH SOFT SEGMENTS CONTAINING SILANE-CONTAINING GROUPS, MEDICAL DEVICES, AND METHODS
Attorney Docket Number::	P-10908.00

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Michael
Middle Name::	E
Family Name::	BENZ
City of Residence::	Ramsey
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	15410 Hematite Street NW
City of Mailing Address::	Ramsey
State or Province of Mailing Address::	MN
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	55303

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Christopher
Middle Name::	M
Family Name::	HOBOT
City of Residence::	Tonka Bay
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	40 Pleasant Lane W
City of Mailing Address::	Tonka Bay

State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55331  
  
Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Kelvin  
Family Name:: BONNEMA  
City of Residence:: Brooklyn Park  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 128 75th Ave. No.  
City of Mailing Address:: Brooklyn Park  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55444

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Randall  
Middle Name:: V  
Family Name:: SPARER  
City of Residence:: Andover  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 13522 Gladiola Street NW  
City of Mailing Address:: Andover  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55304

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/459,299	04/01/03
This Application	Non-Provisional of	60/411,818	09/17/02

#### ASSIGNMENT INFORMATION

Assignee Name:: Medtronic, Inc.  
Street of Mailing Address:: 710 Medtronic Parkway NE  
City of Mailing Address:: Minneapolis  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55432